

PLAINTIFF/PETITIONER/MOVANT'S NAME Anthony MorrisonPRISON NUMBER C-60307PLACE OF CONFINEMENT Correctional Training Facility
Y Wing, Cell # 120ADDRESS Soledad, CA 93960**FILED**

JUN - 4 2008

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY

2354	✓	1983
FILING FEE PAID		
Yes		No ✓
HYP MOTION FILED		
Yes	✓	No
COPIES SENT TO		
Court	✓	ProSe

United States District Court
Southern District Of California

'08 CV 0999 WQHJMAANTHONY MORRISON,

Plaintiff/Petitioner/Movant

v.

BEN CURRY, Warden, et al.

Defendant/Respondent

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I,
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution? ☒ Yes ☐ No

Do you receive any payment from the institution? ☒ Yes ☐ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

20⁰⁰ dollars a month

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|-----|-------------------------------------|
| a. Business, profession or other self-employment | Yes | <input checked="" type="radio"/> No |
| b. Rent payments, royalties interest or dividends | Yes | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance | Yes | <input checked="" type="radio"/> No |
| d. Disability or workers compensation | Yes | <input checked="" type="radio"/> No |
| e. Social Security, disability or other welfare | Yes | <input checked="" type="radio"/> No |
| f. Gifts or inheritances | Yes | <input checked="" type="radio"/> No |
| g. Spousal or child support | Yes | <input checked="" type="radio"/> No |
| h. Any other sources | Yes | <input checked="" type="radio"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes

No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

NONE

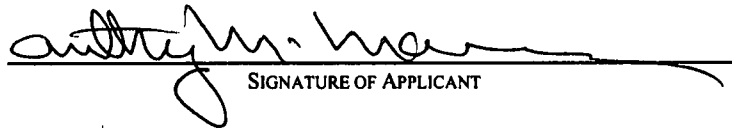
10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): NONE

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

They are ~~known~~ NO ASSETS.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

May 16, 2008
DATE


SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant _____,
 (NAME OF INMATE)

 (INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ _____,

and the *average monthly deposits* to the applicant's account was \$ _____.

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Anthony Morrison, CDC# C-60307, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$150 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

May 18, 2008
DATE

Anthony M. Morrison
SIGNATURE OF PRISONER

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of

Morrison, Anthony for the last six months at
[prisoner name]

CTF Soledad where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 16.67 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 7.82.

Dated: 5/30/08

Yolande Chavez Accountant / Specialist
Authorized officer of the institution

Correctional Training Facility
P. O. Box 686
(5 Miles N of Soledad on US 101)
Soledad, California 95060
ATTN: Trust Office



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST: 5/30/08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Yolande Chavez
TRUST OFFICE
Acct. 1 Specialist

REPORT ID: TS3030 .701

REPORT DATE: 05/30/08
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS
CIF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 31, 2007 THRU MAY 30, 2008

ACCOUNT NUMBER : C60307.
ACCOUNT NAME : MORRISON, ANTHONY MARK
PRIVILEGE GROUP: A
BED/CELL NUMBER: CFYWT100000001200
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

TRAN DATE	CODE	DESCRIPTION	CONVENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
12/31/2007		BEGINNING BALANCE					0.00
ACTIVITY FOR 2008							
01/07	D554	INMATE PAYROL	2040	P6	20.00		20.00
01/08	FC01	DRAW-FAC 1	2085	ML		20.00	0.00
02/06	D554	INMATE PAYROL	2470	P9	20.00		20.00
02/11	FC01	DRAW-FAC 1	2558	ML		20.00	0.00
03/06	D554	INMATE PAYROL	2856	P6	20.00		20.00
04/03	D554	INMATE PAYROL	3155	P10	20.00		40.00
04/07	FC01	DRAW-FAC 1	3215	ML		28.00	12.00
04/08	W476	DONATION PROF	3243	ITHES		2.00	10.00
05/02	D554	INMATE PAYROL	3615	P10	20.00		30.00
05/13	FC01	DRAW-FAC 1	3742	ML		30.00	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	100.00	100.00	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

Correctional Training Facility

P. O. Box 686

(5 Miles N of Soledad on US 101)

Soledad, California 95060

ATTN: Trust Office

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BY THIS OFFICE.

ATTEST: 5/30/08

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Y. L. Chang
TRUST OFFICE

Accountant / Specialist

